



Maricopa County
Ryan White Part A Program
Policy and Procedures

Outreach Services

Effective Date: 03/01/2011

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PURPOSE:

To guide the administration of Ryan White Part A Program's Outreach Services (a support service under the Act). The administration of funds must be consistent with Subpart I client eligibility criteria and the service category definitions established by the Ryan White Part A Program Planning Council.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 defines support services as services needed by individuals with HIV/AIDS to achieve medical outcomes. Medical outcomes defined as those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

POLICIES:

- The funds are intended to ensure that eligible HIV-infected persons gain or maintain access to HIV-related care and treatment.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and a brief summary of what was communicated in adherence with the client charting definition.
- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- Appropriate client authorized releases of information must be on file to allow for the proper inter-provider communications needed to increase the likelihood of desired health outcomes related to the HIV-related clinical status of an eligible client.
- All fee- for- service reimbursements made under this service are limited to the current Arizona Health Care Cost Containment System (AHCCCS) reimbursement rates, as applicable, or a reasonable rate approved by the Administrative Agency. Contractors with direct cost reimbursement contracts will be reimbursed for actual/allowable costs incurred during the contract period.
- Specific clinical outcomes (as defined by the Maricopa County Ryan White Part A Office) need to be measured and reported for this service.
- Street Outreach may not be performed using Internet-based technology, including but not limited to websites or chat/messaging logs.



Maricopa County
Ryan White Part A Program
Policy and Procedures

Outreach Services

- Street Outreach is to be conducted by Outreach workers at venues where high-risk individuals congregate. In order to facilitate payment for efforts made at these venues, the Ryan White Part A Program will monitor a rate for each 15 minutes of time spent at a venue. It is the responsibility of the service provider to monitor and determine the effectiveness of each venue. Street Outreach/Brief Contacts must be recorded under Entries AAAadministrative in CAREWAre.
- Though the above allows for the payment of time and effort for all Outreach workers, it also increases the responsibility of the Outreach Program to analyze each venue in which Outreach is conducted. The Administrative Agent may conduct analysis of various venues reported in the required documentation and will have the discretion to disallow venues that are not reaching the intended target populations.
- Outreach activities must specifically target high-risk populations and may not be broad activities or duplicate current State or local HIV prevention outreach activities.
- Appropriate back-up documentation will be completed and maintained by the provider, showing specific linkages into primary care. Forms for this documentation are located in the Appendix.
- All direct service providers must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.

DEFINITIONS:

Outreach Services:

Outreach Services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

Client Charting:



Maricopa County
Ryan White Part A Program
Policy and Procedures

Outreach Services

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation that is authenticated original documentation, and will not accept copies of assessments, treatment plans and progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

CLIENT ELIGIBILITY CRITERIA:

Services/client contacts billed under “Street Outreach/Brief Contacts” and “Case Findings” do not need to meet eligibility criteria in Section 3 Client Eligibility.

To be eligible for Outreach services, a client billed under “Follow-up” must meet all of the standard eligibility criteria as defined in Section 3 Client Eligibility. For the Federal Poverty Limits for this service category, see Appendix – Menu of Services.

ELIGIBLE COSTS AND SERVICES:

Street Outreach/Brief Contacts:

- Identify venues where Maricopa and Pinal County HIV+, potentially at-risk individuals congregate; facilitate rapport and engage in conversation to determine if they are at risk, and seek to link them into primary medical care. *The eligibility requirement may or may not apply to this service type.*

1 unit = 15 minutes

Case Finding:

- Identify an HIV positive individual in Maricopa or Pinal County who has not accessed care or who failed to maintain care for more than six (6) months; with proof that the individual has completed an initial primary medical care visit. *The eligibility requirement may or may not apply to this service type.*

1 unit = 1 case finding

Billing date = date of completed initial primary medical care visit

Follow-up:

- Provide follow-up and follow-along support to clients who have been identified as case findings to assist them with the continuum of care and linkage to primary medical care after initial case finding medical care visit has occurred. Follow-up



Maricopa County
Ryan White Part A Program
Policy and Procedures

Outreach Services

may include phone calls, office visits or other communication with client to ensure client stays in care.

1 unit = 15 minutes



Maricopa County
Ryan White Part A Program
Policy and Procedures

Outreach Services

ATTACHMENT A

Page 1 of 1

Outreach Flowchart

